

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
 DRUG MEDI-CAL FISCAL DETAIL
 REPORT OF EXPENDITURES AND REVENUES
 FY 2000-01

Page 1 of 2

SUMMARY

COUNTY			
CONTRACTOR		MEDI-CAL PROV. NO.	
CONTRACT PERIOD		CADDs PROVIDER NO.	
DATE PREPARED			

TYPE OF PROGRAM - DCH - Alcohol and Drug

	A	B	C	D	E
CATEGORIES	TOTAL PROGRAM	PRIVATE PAY	MEDI-CAL	NNA/PUBLIC FUNDED	TOTAL MC/ NNA/PUBLIC
A. PERSONNEL SERVICES	0.00	0.00	0.00	0.00	0.00
B. DIRECT SERVICES	0.00	0.00	0.00	0.00	0.00
C. EQUIPMENT MATERIALS & SUPPLIES	0.00	0.00	0.00	0.00	0.00
D. OTHER OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00
E. PROFESSIONAL & SPECIAL SERVICES	0.00	0.00	0.00	0.00	0.00
F. TRANSPORTATION	0.00	0.00	0.00	0.00	0.00
G. INDIRECT COSTS	0.00	0.00	0.00	0.00	0.00
G1. COUNTY ADMINISTRATION	0.00		0.00		0.00
TOTAL GROSS COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
REVENUES					
H. PARTICIPANT FEES	0.00				0.00
I. INSURANCE, MEDICARE, & OTHER THIRD PARTY	0.00				0.00
J. CONTRACTS & GRANTS (SPECIFY)					
J1. COUNTY - FEDERAL/STATE/COUNTY (NON-PERI)	0.00				0.00
J2. COUNTY - FEDERAL/STATE/COUNTY (PERINATAL)	0.00				0.00
J3. COUNTY/STATE - FED/STATE MEDI-CAL (NON-PERI)	0.00				0.00
J4. COUNTY/STATE - FED/STATE MEDI-CAL (PERINATAL)	0.00				0.00
J5. FEDERAL/STATE - DIRECT CONTRACT	0.00				0.00
J6. MINOR CONSENT	0.00				0.00
J7.	0.00				0.00
J8.	0.00				0.00
K. OTHER (SPECIFY)	0.00				0.00
K1. TCM/MAC (FEDERAL SHARE)	0.00				0.00
K2. PROVIDER UNRESTRICTED FUNDS	0.00				0.00
K3. COUNTY UNRESTRICTED FUNDS	0.00				0.00
TOTAL REVENUES	0.00	0.00	0.00	0.00	0.00
NET COSTS (GROSS COSTS LESS LINES H,I,K)	0.00	0.00	0.00	0.00	0.00
UNITS OF SERVICE					
L. INDIVIDUAL FACE TO FACE VISITS	0				0
M. GROUP FACE TO FACE VISITS	0				0
N. DAYCARE DAY	0				0
O. RESIDENTIAL DAY	0				0
P. OTHER (Specify) - MINOR CONSENT	0				0
P1.	0				0
SUBTOTAL	0	0	0	0	0
Q1. ADJUSTMENT FOR DMC DENIED/UNALLOWABLE UNITS	0			0	0
Q2. ADJUSTED TOTAL	0	0	0	0	0
S. STAFF HOURS (DIRECT SVCS - COUNSELING, MEDICAL, ETC.)	0				0
T. COST PER UNIT OF SERVICE (UNITS) (GROSS COSTS/LINE Q)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U. COST PER STAFF HOUR (GROSS COSTS/LINE S)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Page 2 of 2

COUNTY	0			
CONTRACTOR	0	MEDI-CAL PROV. NO.	0	
CONTRACT PERIOD	0	CADDs PROVIDER NO.	0	

TYPE OF PROGRAM - DCH - Alcohol and Drug

CATEGORIES	TOTAL PROGRAM	PRIVATE PAY	MEDI-CAL	NNA/PUBLIC FUNDED	TOTAL MC/ NNA/PUBLIC
PERSONNEL SERVICES					
Salaries & Wages	0.00				0.00
Employee Benefits	0.00				0.00
TOTAL PERSONNEL SERVICES	0.00	0.00	0.00	0.00	0.00
DIRECT SERVICES					
Clothing & Personal Supplies	0.00				0.00
Food	0.00				0.00
Laundry Services & Supplies	0.00				0.00
Pharmaceutical	0.00				0.00
Other (Specify)	0.00				0.00
	0.00				0.00
	0.00				0.00
SUBTOTAL DIRECT SERVICES	0.00	0.00	0.00	0.00	0.00
EQUIPMENT, MATERIALS & SUPPLIES					
Depreciation-Equipment	0.00				0.00
Maintenance-Equipment	0.00				0.00
Medical, Dental, and Laboratory Supplies	0.00				0.00
Membership Dues	0.00				0.00
Rents & Leases Equipment	0.00				0.00
Small Tools & Instruments	0.00				0.00
Training	0.00				0.00
Other (Specify)	0.00				0.00
	0.00				0.00
	0.00				0.00
SUBTOTAL EQUIPMENT, MATERIALS & SUPPLIES	0.00	0.00	0.00	0.00	0.00
OTHER OPERATING EXPENSES					
Communications	0.00				0.00
Depreciation-Structures & Improvements	0.00				0.00
Household Expenses	0.00				0.00
Insurance	0.00				0.00
Interest Expense	0.00				0.00
Leased Property Maintenance, Structures Improvements & Grounds	0.00				0.00
Maintenance-Structures, Improvements & Grounds	0.00				0.00
Miscellaneous Expense	0.00				0.00
Office Expense	0.00				0.00
Publications and Legal Notices	0.00				0.00
Rents & Leases-Land, Structures & Improvements	0.00				0.00
Taxes & Licenses	0.00				0.00
Drug Screenings & Other Testing	0.00				0.00
Utilities	0.00				0.00
Other (Specify)	0.00				0.00
	0.00				0.00
	0.00				0.00
SUBTOTAL OTHER OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00
PROFESSIONAL & SPECIAL SERVICES	0.00				0.00
TRANSPORTATION					
Transportation	0.00				0.00
Travel	0.00				0.00
Gas, Oil, & Maintenance - Vehicles	0.00				0.00
Rents & Leases-Vehicles	0.00				0.00
Depreciation-Vehicles	0.00				0.00
SUBTOTAL TRANSPORTATION	0.00	0.00	0.00	0.00	0.00
TOTAL NONPERSONNEL	0.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00				0.00
PROVIDER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DMC COUNTY ADMINISTRATION TOTAL	\$0.00				\$0.00
OVERALL TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DIRECT COSTS (Only if both NNA and D/MC funding is identified)					